

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 853719

FILED  
Feb 27, 2006  
Secretary of State

Entity Name: BATES ENGINEERS/CONTRACTORS, INC.

**Current Principal Place of Business:**

210 AIRPORT RD.  
P.O. BOX 856  
BAINBRIDGE, GA 39817

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 846  
BAINBRIDGE, GA 39818

**New Mailing Address:**

FEI Number: 58-0872699      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LEE, STEVEN M.,  
Address: LAKE DOUGLAS RD.  
City-St-Zip: BAINBRIDGE GA.,

Title: VD ( ) Delete  
Name: WIGGINS, MICHAEL L.,  
Address: 1996 THOMAS DRIVE  
City-St-Zip: BAINBRIDGE GA,

Title: VD ( ) Delete  
Name: BEERS, JOHN R  
Address: 2008 LAKEWOOD CT  
City-St-Zip: BAINBRIDGE, GA

Title: SEC ( ) Delete  
Name: LEE, JASON M  
Address: 210 AIRPORT ROAD  
City-St-Zip: BAINBRIDGE, GA 39817

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: LEE, STEVEN M.,  
Address: LAKE DOUGLAS RD.  
City-St-Zip: BAINBRIDGE GA., GA 39819

Title: VD (X) Change ( ) Addition  
Name: WIGGINS, MICHAEL L.,  
Address: 1996 THOMAS DRIVE  
City-St-Zip: BAINBRIDGE GA, GA 39819

Title: VD (X) Change ( ) Addition  
Name: BEERS, JOHN R  
Address: 2008 LAKEWOOD CT  
City-St-Zip: BAINBRIDGE, GA 39819

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN M LEE

PD

02/27/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date